

Contract Summary Form

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3783

GENERAL IN	IFORMATION			
Active Ve	eronica Sanchez	Date:	3/13/2019	
19-CR-008	Form Prepared By:	Maliqua	Maliqua Carter 1/4/2019	
CRA	Vendor Name:	MEXICAN AMERICAN COUNCIL		
Elizabeth Mangual	Vendor Contact:	MARIA GARZA		
emangual@cityofhomestead.co	Vendor Address:	151 NW 11 STREET,STE E400		
Maliqua Carter	City: HOMESTEAD	State: FL	Zip 33030	
MCarter@cityofhomestead.com	Vendor Email:	macpresidentfl@gmail.com		
305-224-4480	Vendor Phone Number:	786 2432328		
305-224-4489	Vendor Fax Number:	786-504-3953		
MEXICAN AMERICAN COUNCIL				
Grant Does this replace	e an exsisting agreement?	No C	Contract #	
ease note that it is the Department	s responsibility to obtain R	isk approval	<u>.</u>	
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	<u>X CONTRACTOR AND AND AND AND AND AND AND AND AND AND</u>		· ·	
General Liability:	5/15/2019 WOIK	mans comp		
Start Date 1/31/2019 End	Date: 12/31/2019	Project Nu	mber:	
uto renew? No If so, how m	nany times? How m	any yearly i	ncrements?	
\$38,000.00 Paid to: Vendor	Payment Freq: Lump Su	m Paymen	t Amount: \$38,000.00	
be used: 360-0918-554-83-50				
	Do late fees apply?	No Perc	entage of late fee?	
		Requisition #	‡: 134678	
	19-CR-008 CRA Elizabeth Mangual emangual@cityofhomestead.co Maliqua Carter MCarter@cityofhomestead.com 305-224-4480 305-224-4489 MEXICAN AMERICAN COUNCIL Grant Does this replace ose or description of the scope of seasons of the scope of scope of seasons of the scope of scope of scope of seasons of the scope of sc	Terror Prepared By: CRA Vendor Name: Elizabeth Mangual emangual@cityofhomestead.co Maliqua Carter MCarter@cityofhomestead.com MCarter@cityofhomestead.com 305-224-4480 Vendor Phone Number: Wendor Fax Number: MEXICAN AMERICAN COUNCIL Grant Does this replace an exsisting agreement? Proper of Service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Rese or description of the scope of service of this contract: Research or description of the scope of service of this contract: Research or description of the scope of service of this contract: Research or description of the scope of service of this contract: Research or description of the scope of service of this contract: Research or description of the scope of service of this contract: Research or description of the scope of service of this contract: Research or description of the scope of service of this contract: Research or description of the scope of service of this contract: Research or description of the scope of service of this contract: Research or description of the scope of service of this contract: Research or description of the scope of service of this contract. Research or description of the sc	Active Veronica Sanchez 19-CR-008 Form Prepared By: Malique CRA Vendor Name: MEXICAN A Elizabeth Mangual Vendor Contact: If emangual@cityofhomestead.co Vendor Address: 151 NW Maliqua Carter City: HOMESTEAD State: FL MCarter@cityofhomestead.com Vendor Email: macpresid 305-224-4480 Vendor Phone Number: Wendor Fax Number: MEXICAN AMERICAN COUNCIL Grant Does this replace an exsisting agreement? No Couse or description of the scope of service of this contract: Not for Profit is R PROFIT GRANT DISBURSEMENT, FY219 APPROVED BY THE CRA BOARD ON ease note that it is the Departments responsibility to obtain Risk approval Yes If yes, who is required to have it? It to have insurance, please enter the insurance expiration date(s) here. General Liability: 5/15/2019 Workmans Comp Start Date 1/31/2019 End Date: 12/31/2019 Project Nu \$38,000.00 Paid to: Vendor Payment Freq: Lump Sum Payment the used: 360-0918-554-83-50	

Was this agreement reviewd or drafted by a City Attorney? Yes If yes, whom? ELEN C. GANTNER

"Right to Audit" clause included? Yes Was this approved by Council? Yes Date / CAR# 12/11/2018 / 2518

If so, please attach supporting documentation below:

	BACKGR	OUND AND EXHIBITS			
Exhibit Attachment(s):	(10)				
Exhibit Description(s) 1	Agreement	6 Staff Me	Лето		
2	COI 7		NFP Grant Resolution ACCT#360-0918-554-83-50		
3	Legal Review				
4	Risk Review	9 REQ#134	REQ#134678		
5	CRA Board Approval 10 CRA Boar		rd Meeting Minutes		
	REV	IEW - APPROVALS			
Dept. Head Approval:	Approved	Elizabeth Mangual	Date:	3/1/2019	
HR Dept. Approval:	Not Applicable	Vivian Manach	Date:	3/4/2019	
Risk Approval:	Approved	Priscilla Thompson	Date:	3/5/2019	
Finance Dept. Approval:	Approved	Carlos M. Perez	Date:	3/1/2019	
ITS Div. Approval:	Not Applicable	Yaniel Corrales	Date:	3/1/2019	
Fleet Div. Approval:	Not Applicable	Lillian Lopez	Date:	3/1/2019	
	Submit Contract Summ	ary Form to Procurement for Pro	cessing		
	For Ad	Iministrative Use Only			
	npleted and Appropriate Packet Submitted to Procurement on:			3/7/2019	
Completed and Appropri				0 10 10 04 0	
Completed and Appropri	Approved	Veronica Sanchez	Date:	3/8/2019	
		Veronica Sanchez	Date:	3/8/2019	
Prepared By:		Veronica Sanchez Xintia Rubio		3/8/2019	

Xintia Rubio

Lock Summary Form:

Locked

3/11/2019

Date: